Application or Docket Number											nber		
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												73	
CLAIMS AS FILED - PART I (Column 2) (Column 2)								HALLE TYPE : C		OR	OTHER		
TOTAL CLAIMS 6								RATE	FEE	1	RATE	FEE	
FOR .			MARKER	PLED	MANDER EXTRA			PACCE FEE	355.00	OR	DAGIC FEE	·710.00	
TOTAL CHARGEABLE CLAMS			16 minus 20-		• •			X3 9-	· .	OR	X818=	0	
INDEPENDENT CLAIMS .			9 minus 3 =		. 0			X40-		OR	X80=	0	
m	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135-		OR	+270-	9	
* If the difference in column 1 is less than zero, enter *0" in column 2							ı	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								<i>:</i>	•	-	OTHER	THAN	
_	•	(Cohima 1)						EMÁT	ENITTY .	OR	SMALL	ENTITY	
<		REMARKS.		, NELENA	BER	MESENT		PATE	ADDI-		PATE	ADDI- TIONAL	
5		AND TO BE		MAD	POR	Ettin,				*	PATE	FEE	
AMENDMENT A	Total	·	Minus (- 1	0	• //		X\$ 97.	e .	OŘ	X\$18=		
AME	Independent	NTATION OF ME	Minus .	eee (3	- /-	: [X40-	Ċ.	OR	X80=		
	·				-		'	+135-	. •	OR	+270=		
	121-1	•						DOTAL DOTE FEE		OR	YOTAL ADDIT FEE	·	
6	17105	(Column 1)		(Colum	no 21	(Calumn 3)	•	our resi			ADDA I. PEEI		
		CLAMS REMADONS		HIGH	EST		1 r		ADDI-	OI- 1		ADDI-	
Ę		AFTER		PREVIO	XUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
3	Total	AMENDMENT	Minus	PAED	9 (I)	. /	┧┠╖	***	PEE		24242	FEE.	
AMENDAKENT B	Independent	• 9	Minus	*** (₹	- /	lŀ	X\$ 9=		OR	X\$18=		
₹		NTATION OF MA	LTIPLE DEP	ENDENT	CLAIM		1	X40=		OR	X80=		
	1 .							+135=		OR	+270=		
	سرا ارار						_	YOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
1	12/102	(Column 1)		(Cohan	nn 21	(Cotumn 3)							
lo l		CLAINS REMAINING		HOGH		PRESENT] r		ADDI-		7	ADDI-	
		AFTER AMENDMENT		PREVIO	XUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	•	16	m/	1_/	9]	X\$ 9=		OR	X\$18=	1.5	
	Independent	•	Minte	VV	(7	•]	X40=			X80=		
<	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM]	****		OR	ASU#		
								+135=		OR	+270=		
II DIE JOSSEN MINDER SARMONDA SARD SOL, HA IMIG STANCE OF MED SOM ON MAIN DY. VUOLL EEG I JOSSEN VOULL EEG											TOTAL ADDIT FEE		
		"If the Trighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-475